

RESULT REVIEW REPORT

Performing Facility: Saint Francis Medical Center Peoria, IL 309-655-2000

MRN:01470816

Patient: OKEEFE, Robert V

DOB: [REDACTED] 37

Printed: 18Mar11 12:48

Printed By: KLMILES

Ordering Provider: KLEIN, JAMES

MD

Verifying Provider: GOERGEN, MARK

MD

Primary Care Physician: BAER, JOHN

MD

Report Name: CT THORAX WO/W CONTRAST

Service Date: 23DEC04 10:02PM

Indication: 67-year-old male with shortness of breath and chest pain.

Technique: Unenhanced and enhanced axial CT images of the chest obtained using pulmonary embolism protocol on 12/23/04. Patient given 150 cc of IV Isovue contrast. No immediate contrast reaction.

Findings: No pulmonary embolism. Multiple areas of nodular pleural thickening, involving predominantly the pleural surface of the right lung. There is extension of nodularity into the right major fissure. Calcified left pleural plaques and calcified pericardium are also noted. There is an enlarged station 11R lymph node with non-enhancing central area which may represent necrosis. This lymph node or conglomeration of lymph nodes measures 3.0 cm in greatest dimension on image 69 of the enhanced portion of the exam. Prominent left hilar lymph nodes. These findings are suspicious for malignancy. Mild emphysematous changes throughout the lungs. Atherosclerotic calcification of the great vessels. The mediastinum demonstrates multiple prominent lymph nodes, but is otherwise unremarkable.

Limited images of the upper abdomen are unremarkable. No fractures. No lytic or blastic lesions.

Impression:

1. No pulmonary embolism.
2. Multiple nodular areas of the pleura, particularly of the right lung with involvement of nodularity including the right major fissure. Enlarged right 11R lymph node(s) with probable necrotic areas. These findings are concerning for malignancy including lung cancer and mesothelioma. The 11R lymph node(s) is amenable to CT guided biopsy, or alternatively a pleural biopsy is recommended.

TR: TB to SA 2225 hours 12/23/04.

d/t 12/23/04 2214 hours.

jlh

EXHIBIT

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